Virginia Department of Motor Vehicles Hauling Permits Section (804) 497-7135 – General Information (804) 367-0063 – Fax Line www.vahaulingpermits.com

Address:	ny:					ONLY	
	Applicant/Company:Address:			Number:			
0"				Effective Date:			
City:	y: State: Zip:			on Date:			
Phone: ()			Permit Fee: Mileage Fee:				
Fax: ()					Tota		
		l:	Item will be:	☐ Haule	d 🗌 Towed	☐ Driven	(check one
					terial? 🗌 Ye		
		g routes / county):			_	_	`
		secting routes / county):					
		at state?					
		y licensed for?		011000 101 W			
7. What weight				v attached t	o housing unit	.2	
8 Modular/Moh	ila Homa: le the				o nousing unit	.:	
			nage permanently	y attaonou t			
☐ Yes ☐ N	O (check approprie	ate response)			outside of tire?	?	
☐ Yes ☐ N 9. If a self-prope	lo <i>(check appropria</i> elled truck crane	ate response) e what is the width mea	asured from outsic	de of tire to			
9. If a self-prope 10. Overall dime	No (check appropria elled truck crane nsions: Weigh	e what is the width meat: Hei	asured from outsic	de of tire to	Width:	feet	inches
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Print your name:______ Signature:_____

Date:_____